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ABSTRACT

A series of four documents address the definition and identification of child abuse and neglect. In the first, which is designed for professionals, a historical review is followed by discussion of clinical and social evidence of abuse. Resources for managing child abuse are described, and personnel functions are outlined. The second document, intended for nurses, midwives, social workers, teachers, and parents, defines child abuse and discusses indications for traumatic and nontraumatic pathology. Characteristics of parents and children at risk are outlined. Examples of intervention and prevention are described. The final document, designed for policy makers, charts physical and behavioral indicators of child abuse and neglect, considers characteristics of neglectful and abusive parents, and addresses effective treatment and prevention approaches. Among six policy needs are for an agreed upon definition and for a system of reporting suspected abuse and neglect. The final document addresses the role of the mass media specialist in increasing public awareness of child abuse and neglect. (CL)

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International Children's Centre 1980

CHILD ABUSE AND NEGLECT

A DOCUMENT FOR ACADEMIC LEVEL WORKERS AND PROFESSIONALS

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INTRODUCTION

Definition : No all embracing definition of child abuse and neglect exists. The modern concept of child abuse stems from the realisation that "parents can and do severely neglect or physically harm their children". Certain groups of physical injuries, claimed to be accidental by parents or caregivers, are in reality inflicted by them.

Epidemiology : There is no reason to suppose that the problem is a modern one. Making due allowance for cultural differences, no country and no community is likely to escape. The usual pattern of enlightenment in a country is first denial, then acceptance followed by exaggeration and then a swing back to a steady state.

A review of the pertinent literature has showed that child abuse and neglect occurs in fact in many countries in the various parts of the world : both industrialized or developing. More than 30 countries have reported on such a problem and the list is regularly increasing.

Gil's definition :

Any act of commission or omission by individuals, institutions or society as a whole and any conditions resulting from such acts or inaction, which deprive children of their equal rights and liberties and/or interfere with their optimal development, constitute by definition abusive or neglectful acts or conditions.

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Reporting and Registration : All aspects of reporting and registration remain uncertain. Within the main objective of protecting children from abuse and neglect, their more precise purpose may be to aid diagnosis, to monitor management and follow-up or to provide statistical information. In some countries the process is statutory, in others voluntary. Legislators may make reporting mandatory or merely permissive. Under all these differing circumstances different answers are given to the four constant questions : what to report ? when ? by whom ? and to whom ? Persons cited by law must report all situations when they know or believe that a child has been physically abused. Under the law, some direction is needed about who may register a family. The decision has also to be made whether the report goes to the social welfare or to the law enforcement agency. Without legislation some system must be adopted on a voluntary basis. The level at which suspicion operates varies, hence the great disparity between countries and the various parts of the same country. Problems remain about responsibility to report the suspicion that abuse may occur (at-risk families), emotional abuse which defies definition or sexual abuse which is capable of various definitions and depends on "confession" by one of the parties. In the interests of confidentiality, access to the register must be limited to certain categories of people. The right of families to know when they have been registered is hotly disputed as well as the claim that to protect civil liberties a family may appeal to have its name erased.

Who should decide and at what point to erase the name or how to maintain the accuracy of the register provides further problems. Finally, no one yet knows whether registration, statutory or voluntary, can or has reduced abuse.

That it undoubtedly gives a feeling of security to the workers involved with the family who offload some of their personal responsibility is one undeclared benefit.

Recent History : In 1944, two neurosurgeons, Ingraham and Matson, published their studies of head injuries in children in the first two years of life, including those due to obstetric damage and those due to accidents, and showed how the resulting subdural haematomas

could be recognised clinically. Two years later Caffey drew attention to the presence of multiple fractures of long bones in six infants with subdural haematomas and without bone disease. He suggested illtreatment as a possible cause in one child, but was puzzled by the absence of any history of injury. In 1953, Silverman described in infants "unrecognised skeletal trauma" discovered by X-rays. He suggested that parents who failed to recall any accidents might have "permitted trauma without being aware of it, or if aware of it, forgetting it or being reluctant to admit it". He recognised that deliberate injury and denial was a possibility and noted the tremendous emotional upheaval caused in the family at the same time stressing the importance of not overwhelming the parents with guilt. It was six years later, in 1959, that Kempe and Silver faced reality and drew the attention of paediatricians to "the problem of parental criminal neglect and severe physical abuse of children". They also mentioned the frequent failure of protective measures. In 1961, Kempe circulated a questionnaire to paediatricians and used the results in his historic paper in 1962, in which he and his colleagues delineated all the important features of "The battered child syndrome".

No-one wanted to believe in it, but doctors, once having shed their initial disbelief, began to look at all accidents in the home and at all accidental deaths with a suspicious mind. Why parents should damage their own children remained a mystery. The concentration was upon the physical injuries. Next the purposely emotive name "the battered child" gave place to "non-accidental injury to children (NAIC)".

Inevitably psychiatrists and psychologists were drawn in to try to explain how this unnatural and damaging relationship between adults and children arose, to study the effects upon the adults and the children and to assist in providing appropriate rehabilitation treatment of abused children and abusing families. Recognition by doctors and social workers stimulated an interest among lawyers and police, who were concerned with the established laws for the protection of children and young persons (in law minors), and among the public, the legislators, health service administrators and voluntary child protection agencies. Systems of management were devised. While increased understanding and altered management have undoubtedly

benefitted the families, one unfortunate practical result has been the isolation of non-accidental injury from the general provision of child and family care. For this isolation, the blame must be taken by the use of what, because the fundamental contributions to knowledge came from paediatricians and radiologists, is essentially a medical model. In medicine progress has latterly followed a set path, the recognition of signs and symptoms as belonging to a named disease, the successful study of aetiology (causation), improved treatment, specific to the primary cause if possible, and finally prevention. The frequent failure of the systems aimed at producing the "cure" or the prevention of child abuse suggests that we are not on the correct pathway.

The nature of the problem : Child abuse, now recognised as including physical damage, emotional stress with physical damage and also without it, and sexual abuse and exploitation, is not a disease to be treated, but rather a disorder of family life to be managed. Relationships and interactions between the child and the parents, other family members or caregivers including siblings, foster parents and adopters, are so disturbed that the child is damaged either physically or emotionally or in both ways and is deprived of the oncomitants required for normal physical, emotional and intellectual development. Sometimes, child abuse is one activity in a family where violence is used as the natural means of communication. The situation which requires management exists within a social and a cultural context. Modern urban life imposes severe stresses on the life of a family, especially when the parents find coping with problems difficult. Yet no social class is exempt, nor is life in the country. All these factors, personal and social, need to be considered in the planning of management by the community.

Alternatively, child abuse can be seen as the final common pathway of failure of parenting of such a degree as to place the child in danger and to prevent his normal development. This failure is the result, in varying proportions, of the nature and the character of the parents (or caregivers) as these have been molded by their own life experiences, their attitudes to and techniques of child rearing, the stresses arising from the birth of the child and the nature and reactions of the child. These influences will be

Sexual abuse and "sexploitation" including incest, rape, child pornography and prostitution are now included under the general heading of "child abuse". The requirement for treatment and the administrative procedures are, however, different, and co-operation between the legal, the social work agencies and psychiatrists presents problems of some complexity which can only be solved by co-operative planning.

Oliver and his colleagues have drawn attention to certain kinships in whom deviancy, crime and abuse are preternaturally common and the size of the problems which result.

Pizzey has found in her work with battered wives a close association with physical and sexual abuse of children.

modified by the culture within which the family lives, the family's socio-economic circumstances, and the attitude of the community to family life.

The same problems may be found in institutions for the care of children.

IDENTIFICATION

Clinical evidence

The Child : Except when the first indication is the death of the child, the evidence of child abuse is primarily, although by no means exclusively, clinical. The lesions are mainly visible externally and most commonly consist of bruises. The extent and the distribution of the bruises are usually inconsistent with the explanatory story provided. Small marks made by the pressure of finger tips and thumb in recognisable relationship when the baby is held very tightly are almost pathognomonic. Abrasions and lacerations of the skin, haematomas, human bite marks, cigarette burns, are often found, and less often, the characteristic marks made by straps, belt buckles, hot household utensils, or by ligatures of rope, string or wire. Special note should be taken of a torn frenulum of a baby's upper lip, of haematomas involving the ear, and of the presence of two black eyes. Some children, usually the older ones, are brought to hospital with burns and scalds with a distribution inconsistent with the story of accidental causation.

The commonest internal injuries are fractures of the long bones. X-rays of the whole skeleton, which must always be taken, may show multiple fractures in various stages of healing but may not show a recent fracture if sustained less than ten days before. Characteristic are small metaphyseal fractures resulting from wrenching and twisting the limbs. The skull may be fractured but, even without a fracture, there may be a subdural haematoma, sometimes accompanied by retinal haemorrhages. Seizures and other neurological abnormalities may lead to the first medical consultation. Rupture of the

intestine or of the liver may be caused by savage blows or kicks on the abdomen without necessarily producing external bruises. Hair may have been pulled out either by the adult or by the child who is emotionally disturbed. Hygiene may be poor, the child appearing dirty and unkept with skin sepsis, sores in the diaper area and insect bites.

When the parents are able to discuss their problems, it may be clear that the baby fails to satisfy them because it is the "wrong" sex, because its care interferes with their lives, because its behaviour does not measure up to their (usually unreal) expectations or because it fails to show love for them. Crying, vomiting, wet and dirty napkins, especially at inconvenient times, are regarded as purposeful acts by the baby and may precipitate a crisis of anger and "punishment".

Mac Carthy has drawn attention to deprivation dwarfism and to the influence of habitual abuse and neglect on growth. Indeed serial measurements of height (length) and weight provide some of the most valuable evidences of progress or lack of it during observation periods. An abused child in hospital may make remarkable growth both in height and weight in comparison with progress at home. In some infants, chronic diarrhoea may be the presenting symptom.

Murder is quite properly suspected in some sudden infant deaths, in reality suffocation, and in some cases of death by drowning or by poisoning, including misuse of insulin and the over-ingestion of salt.

Certain features arouse or supplement suspicion. These include the varied nature of the injuries, the presence of skin lesions of various ages and in various stages of healing, and a history of previous episodes, the absence of witnesses, delay in seeking medical aid and then by a neighbour or relative rather than by the parents. The description of the "accident" may change or on careful analysis be seen to be inconsistent with the child's age and abilities or with the clinical findings. The baby may show "frozen watchfulness" or the child be withdrawn, insensitive to pain and too submissive.

The question has been raised whether the child can stimulate parental aggression through its behaviour. The subject has recently been analysed by de Lissovoy in "Toward" the definition of "abuse-provoking child".

In the older children, absence from school if repeated and never satisfactorily explained, educational failure or delay and truancy are all suspicious circumstances. Teachers and educational welfare officers should never dismiss them without full enquiry. Complaints by neighbours likewise should never be ignored and the reasons why a child runs away from the place of care must be carefully investigated. Abuse may escape notice because the child is kept at home until marks have faded, so that external evidence is not seen by anyone outside the family. Or a child under suspicion is never fully examined. Clinical observations by themselves should seldom be regarded as diagnostic and confirmatory evidence collected from a study of parents or caregivers and of the socio-economic circumstances of family life is needed.

The parents or caregivers : The majority of parents and caregivers are apparently healthy people. A small proportion are suffering from a psychosis. A schizophrenic mother may be obeying "voices" which order her to destroy her baby. The misuse of drugs or alcohol is associated with child abuse and neglect and the experiences of children living with parents who inject each other and are often in a drugged state with all that accompanies addiction constitute an abuse of childhood in the absence of "battering".

A more transient abnormality is depression, and puerperal depression is a time of danger for the baby, and even more post-puerperal depression because the condition is easily overlooked. Mental handicap or deficiency diminish the ability of parents to cope with problems, such as unemployment, moving, modern life stress.

Social Evidence

Although some of the clinical evidences singly or in combination are almost diagnostic, the actual abuse is hardly ever witnessed by anyone outside the family. There is always an element of presumption and therefore, from the legal angle, an element of doubt.

Importance attaches to a "course of conduct" such as deviant, anti-social or violent behaviour and, although abuse and neglect are found in all social classes, difficult socio-economic circumstances.

In the parents or caregivers, we are looking for characteristics which might diminish resistance to stress and for environmental conditions which increase stress. The resulting combination limits the parents or caregivers's ability to cope with the responsibility for nurtiring and caring for a baby or child.

Immaturity, low self-esteem, precocious sexual activity, promiscuity, illegitimacy, misuse of alcohol or drugs contribute to diminished resistance to stress. They may themselves be responses to neglect, rejection, even abuse in the early life of the caregiver associated with an institutionalised childhood or unsuccessful adoption or fostercare. Environmental factors include poverty, unsatisfactory housing, unemployment and isolation of the family by choice or by career, for example, among military families.

Additional information may come from neighbours who hear cries, overhear conversations and threats, observe bruises or provide refuge for abused and frightened children. They may know that children are left alone in the house by the parents and they may witness affrays. The police, too, may have information about violence or anti-social behaviour which contributes to the total picture of the family.

Knowledge should always be gained not only about the mother but also about the partner who may or may not be the biological father.

There are those who blame the system of government and the exploitation of the citizens. No claims are made that any known socio-economic system can prevent and abolish child abuse.

Follow-up : Despite the vast and growing literature, controlled follow-up studies remain few. When damage is not lethal, the child may be left with brain damage, severe mental handicap, cerebral palsy, blindness or some combination. That serious emotional deprivation accompanies abuse and neglect is generally believed to be

true. Martin and colleagues acknowledge the difficulty inherent in understanding children with developmental distortions and in picking out any specific results of actual abuse. The child's future seems to depend on his biological equipment, any neurological damage, poor health, undernutrition and neglected disease. Elmer in metropolitan Pittsburgh compared assessments in infancy with assessments at 8 years in three groups of 17 children matched in all respects except that the study group were accepted as physically abused, one control group had had one hospital admission for a true accident and a second had not had any known accident. Reviewing health history, physical and intellectual development, language, self-concept, impulsivity and aggression, she found a surprising similarity in all three. The majority came out poorly and were disturbed but as most came from the lower class, Elmer concluded that membership of this class has as powerful an effect as child abuse. Two points emerge ; one is that studying physically abused children in isolation can be misleading and the other is that the generally practised methods of childrearing in the lower classes if not in all classes need scrutiny and improvement. The ultimate test of success for any system of management or treatment is whether the abused child can emerge as a competently coping parent, the cycle of abuse broken.

Resources, policies and programs

MANAGEMENT

Identification of potential or actual abuse introduces the family into the management system. What happens next depends on whether the problem is vulnerability, a crisis or habitual and chronic abuse and neglect. In any case, the prime consideration is generally agreed to be the safety of the child, which often means separation of the child from the parents into alternative care. Although details of management systems vary between countries and between different parts of the same country, certain general principles can be laid down, the first of which is that in a given area an agreed code of practice should be known and practised.

Prevention : Helfer has suggested a threefold classification of the aims of prevention ; tertiary, to protect an already abused child from further injury or death ; secondary, to support a vulnerable family so that abuse is avoided; primary,to try to prevent vulnerability.

Most past effort has gone into management systems for tertiary prevention. Secondary prevention requires prediction and large supporting systems, and primary prevention must depend mainly on cultural and social arrangements applicable to whole societies and only attainable if family health and the best interest of the family and of its children are given real priority.

Prediction : Prediction studies have occupied many workers and their research results have been criticised especially by academics in sociology who have misunderstood the objective. Child abuse itself cannot be predicted. Prediction is no more than a screening test for vulnerability with the expected large crop of false positives and some false negatives. Because the fact of labelling a family as vulnerable itself influences both the attitude of social workers and the reactions of the family, scientifically controlled studies are difficult to make. Prediction of vulnerability nevertheless allows the supporting services to pick out families in which child rearing is likely to be especially stressful.

The questionnaire techniques used include biographies of mother and father or consort, and socio-economic conditions of the family. Immaturity, isolation, deviant behaviour, violence are among the significant factors. Importance is attached to the attitude of the parents during pregnancy and the reactions of the mother in the perinatal period, especially how she first looks at and holds her new baby and what she says. Separation of the baby into a special care baby unit, because it may disturb or prevent the bonding of affection between mother and baby, and puerperal and post-puerperal depression are regarded as potential causative factors.

Resources for the family : A variety of tools have been found to be helpful to parents under stress. These includes :

Lynch and co-workers have shown the value of the flow chart tracing the life stories of parents or co-habitees. They have also studied the harmful effects of early separation even when admission into a special or intensive care baby nursery was essential because of illness or extreme prematurity. Klous and Kennell and de Chateau have reported on the value of direct bodily contact between mother and baby at birth.
Especial interest is now being shown about the effects on the bonding of affection of ante-, peri- and post-natal management.

"hot" lines (akin to Samaritan but with facilities for actual aid)
crisis nurseries
child-rearing counselling
marital counselling
social case-work from public health nurses or professional social workers
individual psychotherapy)
family psychotherapy) involving the children also
group psychotherapy)
lay workers, "Parents Anonymous", "The Big Sisters League" in the USA
advisory clinics in connexion with family practitioners (GP's)

Help for the children which may be in either day or residential care is provided by :

Pre-school nurseries
Play school
Play therapy
Individual psychotherapy

Residential family therapy is sometimes essential for relieving crisis stress and for training families in methods for the good and satisfying nurturing of children.

Personnel : Whatever facilities or reporting policies or legal enactments exist, the crux is the use made of them by those concerned in the care of children whether in their homes, their schools or in the health centres and hospitals. One essential is awareness and ability to recognise the problem and another is preparedness to participate in common action. Guidelines need to be prepared and circulated for the medical profession, especially workers in general practice and casualty departments, for community nurses, for probation officers, police and the legal profession. Case conferences among all in direct contact with the family and review committees with the task of ensuring that in its area all the necessary facilities are available, can promote good multi-disciplinary planning and activity. Nevertheless, although medical care plays the most

important part in the acute crises, the brunt of the work falls to the social workers.

Social Workers : Social workers whose task is complex carry the heaviest burden and feel deeply the stress of child abuse and neglect. They have to secure protection for the children but they must also help the family with a view to its rehabilitation should this be deemed appropriate and possible. Relations with the family may be strained since parents find it difficult to see as helpful to them the social worker's activities, for example giving evidence in Court or removing their child. Furthermore, the social worker who has necessarily been party to the initial management decision has later to assess the success or failure of that decision having meanwhile been the key person in the management. Objective assessment seems incompatible with the inevitable emotional involvement and "burn-out" has, not surprisingly, been recognised. The need of the family is first for mothering and support but when the process of training in nurturing the child reaches a certain stage, the family must learn to manage independently, the decisions about the method and timing requiring a fine balance of judgement. Replacement of the established social worker by another may destroy such slender strands of confidence as have been woven.

The suggestion has been made that the professional social worker should be used to support lay workers who undertake the detailed care of the family.

Legal aspects

In every developed country, laws exist for the protection of children, which allow for the termination or suspension of parental responsibility of care. Usually the same laws protect the community from the destructive acts of children who are beyond the control of their parents or caregivers. In many countries, the case brought before the Civil Court is fought under an adversary system which may limit the evidence to matters which the prosecution and the defense wish to introduce. Under an inquisitorial system, the Court would be in a better position to make a judgement since it could demand to

Kempe has answered the question when the child in care whose parents are under treatment may go home as follows : when the parents' self-image is improved, when they see the child more positively, when brief trial reunions have gone well and when life lines are effectively used during crises.

hear all material considered relevant. Legal representation of the child as well as of the parents or caregivers seems a fundamental requirement. A weakness is that the accountability under the law of parents for the proper care of their children does not apply to the social services or other statutory caring agencies. In England, ward of Court procedures are found helpful in ensuring continuing supervision. When a child who is or has been the subject of a care order is killed or physically damaged, the whole system is usually put on trial before a public inquiry with full exposure to the media, a prospect which inevitably distorts the judgement of social workers. In criminal proceedings for murder or grievous bodily harm, the emphasis varies between punishment, retribution, reparation and rehabilitation and, since the "sentence" of the Court reflects not only the law but also the personal attitudes of the one or several people making the judgement, the interests of the family members are variously interpreted. In theory, the best interests of the child, if not paramount, are the first consideration.

In Scotland, the Children's Hearing System through which the family is referred to a Reporter, who makes his independent assessment, protects the child from the risk of further abuse or neglect while restraining an overzealous welfare agency. In Holland, the Confidential Doctor responsible for a region attracts families who recognise their need for help and lowers the risk of legal proceedings.

In the final analysis child abuse and neglect are what the law says that they are. As far as is possible involvement of the police, who are responsible for finding breaches of the law, and of the whole legal process should be intended to be protective and helpful and should be so regarded.

A more general problem with legal implications is that of Children's Rights. That these need safeguarding is implicit in existing protection law. Some would extend protection by defining a whole series of rights to be included in a Charter to ensure such important matters as health, education and medical care. Inasmuch as parents and caregivers are themselves expected to secure these provisions for the children, this can be viewed as diminishing parental responsibility and raises doubts whether the children would actually

benefit. Corporal punishment as teaching children violence, which is now illegal in Sweden, is considered in other countries by people, who do not believe that the human being is aggressive by nature.

Lay Workers : Members of the public without special training or degrees in nursing, medicine or social work are difficult to group under one name. Many work, for instance, with "Parents Anonymous". For some, the backing of professionals is regarded as essential, others prefer to manage and advise themselves. In theory at least, professional backing seems important, but rapport between worker and client may be easier to make when the worker is not labelled and has no taint of the authority which abusing parents often find threatening. In many countries, arrangements are made to give some "technical" instruction to such groups of workers whose contribution to the welfare of families is invaluable.

The Community : Whether or not Gil's view is accepted that child abuse and neglect should be blamed on society rather than on the individual or the family, the community has many therapeutic responsibilities. These include education of children, boys as well as girls, family responsibility, palliation or removal of avoidable environmental stresses, human management of pregnancy and childbirth. As knowledge grows of what can harm and what could help in primary prevention of vulnerability, there should be improvements in all these areas. The media, properly informed, can make a real and important contribution in education and in attitude. What society must decide is how far and when to support or punish the abusing family.

The community also has a responsibility to those to whom it delegates its social work activities. The natural wish when something goes wrong is to find a scapegoat through some form of public inquiry. It is true to say that one single person can never be responsible for what goes wrong. It is also true that while child abuse and neglect are unlikely ever to be completely eradicated, the studies which it has inspired can teach all concerned - lay and professional - much of immense value about the essential needs of all children for their optimum development.

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IF YOU WANT TO KNOW MORE, please apply to the :
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CHILD ABUSE AND NEGLECT

A DOCUMENT FOR NURSES, MIDWIVES, SOCIAL WORKERS, TEACHERS AND PARENTS

DEFINITION

An abused or neglected child is one who has suffered physically from deliberate violence or from intentional withholding of care on the part of his parents or other adults responsible for him.

Although this definition is quite precise, there are a number of problems that it does not cover.

- It is not always possible to judge between deliberate behaviour and an accident

  . The existence of intentional elements in the parents' behaviour does not always imply the absence of accidental elements.
  . There may frequently be coexistence of intentional elements and elements due to chance.
  . An event, or behaviour, which may appear to be accidental may in fact be determined in part by unconscious intentional elements.

- Since the parents' right to punish their children is still recognized in most countries, it is often difficult to decide where justifiable punishment ends and ill-treatment begins.

- With regard to maltreatment by omission, the difficulty lies in the fact that negligence resulting from parental incompetency or from unfavourable socio-economic conditions may lead to the same physical consequences as intentional negligence.

- Finally, there is the problem that it is impossible to eliminate the subjective element in reaching a conclusion on each case; this element depends on the mental attitude, the educational standards, and the professional training of each individual called upon to deal with children suspected of ill-treatment.

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FREQUENCY OF THE PROBLEM

The number of child victims of abuse and neglect appears to be increasing in developed countries. The reasons for this apparent recrudescence in cases are twofold :

a) there is now a better recognition of the problem by physicians and social workers who, only a few years ago, would not even admit its existence;
b) the decrease in child morbidity which has led to a reduction in isolated organic pathology and to the appearance of a whole series of psycho-social pathological phenomena directly connected with the child's immediate environment.

The problem also exists in developing countries, but there, the high child mortality and morbidity due to problems of malnutrition and infection obscure the fact owing to the presence of so much distress which appears to be more important. The "extended" structure of the family cell which still exists in developing countries protects many children from manifestations of rejection or aggressivity by their father or mother; this is not the case in industrialized societies where the family cell is a "nuclear" one and lives in considerable isolation from other members of the family. In any case, the problem is reported in a increasing number of countries, developed and developing (nearly 40 in 1980), and with widely differing political régimes.

Epidemiological surveys have been attempted to try and estimate the extent of the problem. The wide range of data obtained shows how difficult it is to reach a statistical estimate*. It is obvious that the cases reported only give a minimal idea of the situation, since a large number of cases remain clandes-

tine. An apt analogy would be to compare the known cases with the visible portion of an iceberg.

THE POPULATION GROUP COVERED

This study is on purpose confined to abuse and neglect of children under six years of age. Recourse to physical force is indeed all the more serious where very young children are concerned. This explains in part the particularly high proportion of children under one year of age in hospital statistics of abused children, since their greater vulnerability often makes it necessary to hospitalize them.

With regard to neglect by omission, children under six are also incapable of obtaining food or care by themselves. Finally, children of this agegroup may very well belong only to their family circle since in most countries schooling is not compulsory before this age. They have no means of defence and may have nowhere they can go and complain or be noticed.

THE DIAGNOSTIC STAGE

The clinical signs and symptoms are many and varied. Briefly, a distinction may be made between :

- traumatic pathology and,
- non-traumatic pathology

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* In the United States, estimates range from 500,000 to 1 million cases per year. In the Netherlands, in 1975, the number of "new" cases was estimated at more than 1 000 per year, and in Sweden approximately 600 cases per year were notified. 13 cases out of 100.000 have been recorded in Australia in 1975. In the United Kingdom, 905 cases were notified in 1976.

The problem of sexual brutality, which may fall under either of these headings, will be dealt with separately.

Whatever the type of pathology encountered, the child's appearance may be an element to be considered in the diagnosis, but this is not always the case. A child may be dirty, neglected, covered with skin lesions, and shabby looking; on the other hand, he may be perfectly clean and well fed. Furthermore, an appearance of neglect may simply be a sign of socio-economic difficulties.

- Traumatic pathology :

Clinical evidence

The Child : Except when the first indication is the death of the child, the evidence of child abuse is primarily, although by no means exclusively, clinical. The lesions are mainly visible externally and most commonly consist of bruises. The extent and the distribution of the bruises are usually inconsistent with the explanatory story provided. Small marks made by the pressure of finger tips and thumb in recognizable relationship when the baby is held very tightly are almost pathognomonic. Abrasions and lacerations of the skin, haematomas, human bite marks, cigarette burns, are often found, and less often, the characteristic marks made by straps, belt buckles, hot household utensils, or by ligatures of rope, string or wire. Special note should be taken of a torn frenulum of a baby's upper lip, of haematomas involving the ear, and of the presence of two black eyes. Some children, usually the older ones, are brought to hospital with burns and scalds with a distribution inconsistent with the story of accidental causation.

The commonest internal injuries are fractures of the long bones. X-rays of the whole skeleton, which must always be taken, may show multiple fractures in various stages of healing but may not show a recent fracture if sustained less than ten days before. Characteristics are small metaphyseal fractures resulting from wrenching and twisting the limbs. The skull may be fractured but, even without a fracture, there may be a subdural haematoma, sometimes accompanied by retinal haemorrhages. Seizures and other neurological abnormalities may lead to the first medical consultation. Rupture of the intestine or of the liver may be caused by savage blows or kicks on the abdomen without necessarily producing external bruises. Hair may have been pulled out either by the adult or by the child who is emotionally disturbed. Hygiene may be poor, the child appearing dirty and unkept with skin sepsis, sores in the diaper area and insect bites.

- Non-traumatic pathology :

Its frequency is even more widespread, and it is much easier to fail to recognize neglect or abuse when no traumatic lesion is apparent.

. Children suffering from psycho-motor retardation are often considered as encephalopaths. The aetiology can never be found. If such children are put under observation, and are temporarily removed from their usual surroundings, spectacular progress may be observed in their psycho-motor development, their sociability, and their affectivity, especially when they are very young. This has given rise to the concept of "inverted hospitalism".

. Stunted and underweight children are almost

always given a thorough medical check-up, involving hospitalization, and when there is a spectacular and rapid improvement in their growth once they are away from their family, the diagnosis is confirmed.

. Finally, some children have behavioural disorders, among which are most often found apathy, great eagerness for affection (these are children who cling to anyone they can find), or else aggressivity, a defiant attitude as though they were "looking for trouble", which reveals the only form of communication they have ever known. Such behavioural disorders may be the result of unmistakable physical brutality, or isolated mental cruelty.

. Sexual abuse : Awareness of its frequency originated in the United States, although it is very widespread in many countries; KEMPE (United States) lays great stress on this aspect of maltreatment. There are two types of sexual abuse :

. From outside the family : manifestations of exhibitionism, or attempts to caress the genital organs. If there is a strong family structure and the child can discuss the incident, there may be no harmful consequences.

. Those which take place within the family are much more serious. Incestuous relationships are generally between father and daughter, though they may also be between mother and son, brother and sister, or else be homosexual incestuous behaviour.

Their possibility should be taken into account when faced with certain acts of delin-

quency in adolescents or pre-adolescents (running away from home, or playing truant from school) or with certain psychosomatic disorders. The interrogation and examination must not cause as much trauma as the abuse itself, and it is essential to act with care and delicacy in such circumstances. Sexual abuse may also be associated with other manifestations of ill-treatment.

PROGNOSIS

A child suffering from abuse or neglect is IN DANGER OF HIS LIFE; the death rate is estimated as being between 5 and 10% according to different authors' estimates.

The physical sequelae may be no more than unaesthetic, and a constant reminder to the child when he has grown up of the cause of the mark in his body; they may be dramatic : blindness, hemiplegia, epilepsy; they may also be non-existent.

The development of the child's physical growth may be permanently impaired if medical care comes too late.

But above all, there are always psychological sequelae and they are particularly serious if medical care also comes too late. These often develop into mental deficiency with very frequent problems of adjustment to school. Children separated from their families because of ill-treatment, without links being maintained between them, have serious problems of identity which become greater with the onset of adolescence.

Finally, the frequency with which frustrations,

grave negligence, or typical abuse in early childhood are found in parents who maltreat their children is an element which is indicative of how serious the long-term effects are on the relationships they themselves will have with their children.

CIRCUMSTANCES IN WHICH ABUSE OCCURS

KEMPE (United States) emphasizes that a situation of abuse arises with :

- a certain type of child
- a certain type of parents
- a certain type of circumstances

WHAT CHILDREN ARE AT RISK?

- The most exposed are children who are separated from their parents for long periods, especially in the first three years of life - those who are placed with foster-mothers, for example.

- Premature infants, because of the separation imposed by their prematurity at an extremely important period for development of the bond between mother and child.

- Children born of another union, who are rejected by the new member of the parent couple.

- Handicapped children, who are often either over-protected or else rejected. Such children are frequently "difficult" - fidgety, dirty, enuretic - giving an excuse for ill-treatment.

WHAT PARENTS ARE AT RISK?

- They are parents who, when they were children, were subjected to frustrations, physical or moral abuse, or serious neglect, by their parents or in the institutions where they were brought up.

Now they are parents, they are unable to give love that they were never given. They expect their child to understand their need to be loved, and are themselves incapable of understanding the needs of an infant. This leads them to be parents who lack affection, are very intolerant of the least frustration, who consider when the baby cries, refuses a feeding-bottle, or dirties its nappies that it is being aggressive towards them, and who unconsciously reproduce the same attitudes of rejection or aggression that they themselves experienced.

- Very young unmarried mothers, who are isolated and rejected by their family circle, are particularly vulnerable.

- Post-partum neurotic decompensation is sometimes responsible, but true mental disease is uncommon in abusing parents.

- In some countries, alcoholism is a direct cause of child abuse.

WHAT ARE THE RISK SITUATIONS?

There are of course circumstances of a social nature. Many ill-treated children belong to families

who are underprivileged in every way, and where to varying degrees are found :

- . insufficient resources
- . unemployment
- . overcrowding in cramped and unhygienic dwellings
- . cultural and educational poverty
- . transplantation, isolation of the family or social group
- . successive concubinage
- . recourse to frequent hospitalization of the children, and to placement in health and social institutions or with clandestine foster-mothers.

But there are also particularly vulnerable periods :

- . on return from hospitalization or long-term placement outside the family
- . another pregnancy
- . moving house, and the uprooting and isolation that go with it
- . illness of the mother.

None of these situations is sufficient in itself to bring about child abuse, but anything that may be an additional strain, or that reduces the threshold of tolerance to a child's normal manifestations, may be the phenomenon that triggers off ill-treatment in parents at risk or in cases of exposed children.

No social class is free of this problem. The privileged socio-economic groups are protected by the fact that it is very much more difficult to enter their homes, and that they are also better able to "camouflage" a situation. Moreover, it is probable that among such groups, physical brutality is less frequent than mental cruelty, since it is customary to communicate by word rather than by act.

In underprivileged population groups, on the contrary, it must be remembered that violence is often the most usual form of communication.

CHILD ABUSE OUTSIDE THE FAMILY :

- It may be found in foster families, most frequently in clandestine foster-mothers, but also in approved foster-mothers.

- It may also be found in private or State-controlled institutions. It is sometimes necessary for a scandal to occur before there is an outburst of public opinion against what amount to prison conditions in certain children's homes.

- Finally, it must be remembered that rivalry among medical, social and legal workers, and the indifference or sadism of certain professionals working with children at risk, sometimes result in imposing unstable, inconsistent, or even dangerous conditions which take no account whatsoever of the individual interests of children is a serious form of child abuse for which society as a whole must be held responsible.

THERAPEUTIC MEASURES :

The question of how to deal with child abuse situations cannot be discussed without mentioning the reporting of them to the administrative and legal authorities, who may in some cases have a very strong influence on the development of the situation :

- Reporting to the administrative authorities is compulsory in some countries, the United States, Sweden, and the United Kingdom, for example. This makes it possible to establish central files, which serve two useful purposes :

. by consulting the file, errors in diagnosis or unduly delayed diagnosis may be avoided, when the child has already suffered maltreatment in another place;

. they help to establish the epidemiology of the problem.

But there is no doubt that such files must be used with great care, as traces of them may still remain when the family concerned has returned to normal. In some other countries, indeed, for instance in France, this reporting is not compulsory.

- Reporting to the police and legal authorities is sometimes necessary for certain families where recourse to the law may have a therapeutic effect. The problem lies in the possible consequences of such reporting, as penal procedure with respect to the parents may go against educational procedure with respect to the child.

Whether or not a case is reported to the administrative and/or legal authorities, several types of care may be envisaged :

- Keeping a child in his family :

1) Individual care :

. at home : by a child welfare worker, a social worker, a specialized educator, or a psychologist, in liaison with a medical team or general practitioner;

. in a specialized centre : (for example, Denver House in London, UK, National Center in Denver, USA, Child Guidance Service in Geneva) where the child comes at varying intervals with his parents or his mother alone.

2) Institutional care :

examples : Therapeutic day-care centre for maltreated children in London

- Day medico-social centres in Amsterdam
- Big Sister League day centre in Los Angeles which take children from the ages of 2 to 6 years, on all working days, and intervene directly or indirectly with the parents. In all these centres, the child and the family are cared for by various workers in a collaborative effort (physicians, psychiatrists, psychologists, social workers, etc.).

3) Residential care :

examples : . Park Hospital Family Unit, Oxford (UK)
. The Triangel, Amsterdam (Netherlands) etc.

These institutions take in the parents and the children on a temporary basis. They go into all the medical, psychological, and social problems involved, with the aim of finding a solution to each one so that independent family life becomes possible once more without risk to the child.

The "shelters" for battered women and children which are beginning to be set up in many countries may be compared with the above institutions.

4) Non-specialized care :

- by voluntary workers who are not professionals - whether members of the family, neighbours, people in the community - but who are ready to help a family in difficulty, with assistance and technical support

from qualified medical-social workers.

. by anonymous telephone services :
("Anonymous Parents" in the United Kingdom and the United States), which can take calls round the clock from people in distress. These services are provided by non-professionals who have been faced with the same kinds of problems, and want to give others the benefit of the experience which enabled them to find a solution to them.

- Taking a child away from his family :

It is not always possible to keep a child in his family if the situation has become too bad and if the child is in too serious danger.

1) In certain cases, there should be no hesitation in requesting the Court to declare loss of parental authority, which gives the child the possibility of being adopted.

2) In most cases, separation will only be temporary, but it will only be effective if at the same time action is taken to help the family to overcome the problems which were responsible for the deterioration in the relationship between parents and children, and if the link between them is maintained. In some countries, so-called therapeutic family placement is organized, with the following chief objectives : support to the foster family, psychotherapeutic assistance to the child and his natural family with the aim of reuniting the family cell at some time in the future. Very often, the child's return is not possible, but the maintenance of a connexion, however slight, is essential in order to prevent children who are placed outside their family

from very quickly facing a problem of identity.

A number of basic principles should guide the placement of these children :

. no short-term solution should ever be envisaged, as the withdrawal of the child is not enough in itself to solve the problems within the family;

. the child's return should be prepared for as soon as his placement outside the family starts; such placement should provide stronger support than if the child were left in his family.

PREVENTIVE MEASURES :

- Measures of a social nature :

There are so many factors of a psychopathological nature that it cannot be expected that these measures will in themselves suffice to solve the problem. However, they are of considerable importance. They are concerned particularly with improvement of living conditions, arrangements for receiving migrant families, control of alcoholism, etc.

- Medico-social measures :

They certainly have a more decisive role to play :

. An increase in the number of day-care centres and of competent foster-mothers, thus avoiding recourse to clandestine and poor quality solutions.

. Establishment of community or family arrangements working round the clock and providing support in time of crisis (e.g. "Day-nursery care, in London)

. Avoidance as far as possible of boarding young children out in nursery homes.

. Development of services for family planning, and if absolutely necessary, for abortion.

. Increase in medico-social staff for home-visiting (child welfare workers, family helps, specialized educators, etc.).

- Training of all medico-social workers : (physicians, nurses, social workers, family helps, educators). This is very often completely inadequate, or even non-existent, and they do not know how to deal with the problem.

- Case-finding of subjects at risk :

Two institutions are particularly suitable, since all families have recourse to them :

. Nursery school : which in some countries takes children from the age of two onwards. Observation of the child who spends many hours in school, and of the relationship with his parents when they bring him or fetch him should make early case-finding possible. Kindergarten schools may play the same role in some countries.

. Maternity hospitals :

a) Prenatal visits should provide an opportunity for assessing psychosocial risk, by trying to place the pregnant woman with regard to her family past and her present situation.

b) Observation of the mother's behaviour towards her baby as soon as it is born and during her stay in the maternity hospital, so long as the structure is such that the mother can look after her newborn baby herself.

There may also be an opportunity for case-finding on leaving a department of neonatology, at the end of a period of hospitalization, or after long-term placement.

- Education of the public :

It might be useful to inform either parents, or schoolchildren who will be parents in the future, of the rights and basic needs of a child, and of the fact that mother love cannot always be counted on and that it is no crime not to be able to love a child. This might well help certain parents to seek help earlier, before the situation has reached a point of no return, and even to give up their rights in certain cases.

Finally, the public should cease to consider children as having duties only, and should at last recognize that they also have rights.

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IF YOU WANT TO KNOW MORE, please apply to the :
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CHILD ABUSE AND NEGLECT

A DOCUMENT FOR POLICY-MAKERS

Most nations have a long history of policies concerning child abuse and neglect and most of these nations have laws against such acts. For religious and humanitarian reasons, no nation wants to see children victims of abuse or neglect. But the problem continues and nations have not been able to eliminate it. To develop more effective national policies for the treatment and prevention of child abuse and neglect, a number of questions have to be answered :

(1) what is child abuse and neglect?
(2) what are the symptoms?
(3) what are the scope and incidence?
(4) how can reporting of cases be assured?
(5) what are some effective programs of treatment and prevention?
(6) and finally, what policies are needed to treat victims of abuse and neglect but more important, to prevent occurrences or repetitions?

1. What is child abuse and neglect?

The words "child abuse" and "child neglect" mean different things to different people. It is important to have a widely accepted definition of these terms because they describe the situations in which society should and must intervene, possibly against parental wishes, to protect a child's health or welfare. But defining these terms raises the most controversial issues in child abuse and neglect work because they determine the conditions which constitute reportable circumstances and they establish when society, child protective services, and possibly the courts, can intervene into family life.

Definitions of child abuse and neglect seem to many to be both too broad and too narrow. It is difficult to draft legislation which is specific enough to prevent improper application and yet broad enough to cover situations of harm to a child neces-

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sitating societal intervention.

Some of the most common formal definitions can be found in a :

1. Criminal Law Definition : those forms of child abuse and neglect which are criminally punishable.

2. Juvenile Court Act : those forms of child abuse and neglect which authorize the court to provide protective services and, when necessary, remove children from their parents.

3. Reporting Law Definition : those forms of known or suspected child abuse and neglect which require reporting by some persons and permit reporting by others. These reports activate the child protective process.

Each nation, state or community must find a definition for child abuse and neglect so that public policy can address the problem with a reasonably clear concept. It is often easier to identify the characteristics of child abuse and neglect than to define it and many nations are familiar with the symptoms.

2. What are the symptoms?

There is a growing body of knowledge about the symptoms of child abuse and neglect which helps policy makers clarify the issue of identifying abused and neglected children. The indicators of child abuse and neglect include the areas of physical abuse, physical neglect, sexual abuse and emotional maltreatment; the indicators or symptoms are both physical and behavioral. A summary of those indicators may be useful to policy makers concerned about determining the existence of child abuse and neglect (See Chart A).

When symptoms are identifiable then policy makers can address the issue of scope and incidence of child abuse and neglect; the causes and effects.

3. What are the scope and incidence; the causes and effects ?

a. Scope and incidence

Because child abuse and neglect usually occur in the privacy of the home, no one knows exactly how many children are affected. Child abuse and neglect must be discovered and reported before the child can be protected, and there is general agreement that this never happens in a majority of abuse and neglect incidents.

There have been a number of estimates made of the incidence of child maltreatment ranging from 500,000 to 1 million in the United States of America. The National Center on Child Abuse and Neglect in Washington, D.C., estimates that approximately one million children are maltreated by their parents each year. Of these children, as many as 100,000 to 200,000 are physically abused, 60,000 to 100,000 are sexually abused, and the remainder are neglected. And each year, more than 2,000 children die in circumstances suggestive of abuse or neglect. Similar statistics appear in other countries : in the Netherlands over 1000 new cases/year; 600 in Sweden, 13/100,000 in Australia.

b. Causes and effects

No one factor accounts for child abuse and neglect. There are a variety of manifestations and causes. Some generally accepted causes of the abuse and neglect of children include a family history of violence, the burdens resulting from

CHART A

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

TYPE OF CA/N	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	Unexplained bruises and welts : - on face, lips, mouth - on torso, back, buttocks, thighs - in various states of healing - clustered, forming regular patterns - reflecting shape of article used to inflict (electric cord, belt buckle) - on several different surface areas - regularly appear after absence, weekend or vacation Unexplained burns : - cigar, cigarette burns, especially on soles, palms, back or buttocks - immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck or torso Unexplained fractures : - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures Unexplained lacerations or abrasions : - to mouth, lips, gums, eyes - to external genitalia	Wary of adult contacts Apprehensive when other children cry Behavioral extremes : - aggressiveness, or - withdrawal Frightened of parents Afraid to go home Reports injury by parents Exhibits anxiety about normal activities, e.g. napping
PHYSICAL NEGLECT	Consistent hunger, poor hygiene, inappropriate dress Consistent lack of supervision, especially in dangerous activities or long periods Unattended physical problems or medical needs Abandonment	Begging, stealing food Constant fatigue, listlessness or falling asleep States there is no caretaker at home
SEXUAL ABUSE	Difficulty in walking or sitting Torn, stained or bloody underclothing Pain or itching in genital area Bruises or bleeding in external genitalia vaginal or anal areas Veneral disease	Unwilling to participate in certain physical activities Withdrawal, fantasy or unusually infantile behavior Bizarre, sophisticated, or unusual sexual behavior or knowledge Poor peer relationships Reports sexual assault by caretaker
EMOTIONAL MALTREATMENT	Speech disorders Lags in physical development Failure-to-thrive	Habit disorders (sucking, biting, etc) Conduct disorders (antisocial destructive, etc) Neurotic traits (sleep disorders, inhibition of play) Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria) Behavior Extremes : - compliant, passive - aggressive, demanding Overly adaptive behavior : - inappropriately adult - inappropriately infant Developmental lags (mental, emotional)

poverty, and severe emotional pressures or psychopathologies. Instead of one factor which leads to abuse or neglect, there are multiple forces on the family which reinforce each other and which cause abuse and neglect.

The behavior and attitudes of the parents, their own life histories, even the condition of their home, can offer valuable clues to the presence of child abuse and neglect. When considering the possibility of child abuse and neglect, it is necessary to evaluate to what extent the parents seem to be : concerned or unconcerned about the child; looking for solutions or denying the existence of a problem; hostile or cooperative.

The following is a list of characteristics of abusive parents based on a composite of many cases. This list is not exhaustive; many more indicators exist than can be included. Neither does the presence of a single or even several indicators prove that maltreatment exist. The characteristics are not presented in any order of priority but rather form a cluster recognizable to trained observers.

Child abuse and neglect can result in permanent and serious damage to the physical, emotional, and mental development of the child.

The physical effects of child abuse and neglect may include damage to the brain, vital organs, eyes, ears, arms or legs. These injuries may, in turn, result in mental retardation, blindness, deafness, or loss of a limb. Abuse or neglect may cause arrested development. At its most serious, of course, abuse or neglect may result in the death of a child.

Child abuse and neglect are often as damaging emotionally as they are physically. Abused or neglected children may be impaired in self concept, ego competency, reality testing, defensive functioning and overall thought processes. They also often have a higher level of aggression, anxiety, low impulse control, and self-destructiveness. These characteristics can cause abused or neglected children to display high levels of antisocial behavior as they get older.

Abuse and neglect may also result in restricted cognitive development. Language, perceptual, and motor skills are often underdeveloped, further hindering the child's chances to succeed.

4. How can reporting of cases be assured ?

There are many child abuse and neglect reporting statutes at national levels or state levels or even community levels, but most share a common framework. In general, reporting statutes define child abuse and neglect, specify who must report it, to whom it must be reported, and the form and content of the report. A review of major points contained in most laws follows.

Most statutes mandate reporting of suspected child abuse and neglect by professionals who work with or who are in contact with children. These include professionals such as social workers, psychologists, law enforcement officers and educators.

To emphasize the mandatory or required reporting of suspected child abuse and neglect, many statutes provide penalties for those who fail to perform their required duties under the law. For

Characteristics of Abusive Parents *

These parents :

- seem unconcerned about the child ;
- have unrealistic expectations of the child;
- offer illogical, unconvincing, contradictory explanations or have no explanation of the child's injury;
- attempt to conceal the child's injury or to protect the identity of person(s) responsible;
- routinely employ harsh, unreasonable discipline which is inappropriate to child's age, transgressions, and condition;
- were often abused as children;
- were expected to meet high demands of their parents;
- were unable to depend on their parents for love and nurturance;
- cannot provide emotionally for themselves as adults;
- expect their children to fill their emotional void;
- have poor impulse control;
- expect rejection;
- have low self-esteem;
- are emotionally immature;
- are isolated, have no support system;
- marry a spouse who is not emotionally supportive and who passively supports the abuse;

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* While families with low incomes may be at higher risk of abusing or neglecting their children, the phenomenon occurs across economic and cultural lines.

Characteristics of Neglectful Parents **

These parents :

- may have a chaotic home life;
- may live in unsafe conditions (no food; garbage and excrement in living areas; exposed wiring; drugs and poisons kept within the reach of children);
- may abuse drugs or alcohol;
- may be mentally retarded, have low I.Q., or have a flat personality;
- may be impulsive individuals who seek immediate gratification without regard to long-term consequences;
- may be motivated and employed but unable to find or afford child care;
- generally have not experienced success;
- had emotional needs which are not met by their parents;
- have low self-esteem;
- have little motivation or skill to effect changes in their lives;
- tend to be passive.

** There is a good deal of evidence that cases of child abuse and neglect are not brought to public attention as frequently when abusers are from the higher economic groups. The problem is often dealt with quietly and informally. The higher incidence of reported cases from families of the lower economic groups is often the result of their greater visibility to public officials.

those who do report, however, the laws provide protection. Reporters who report suspected child abuse and neglect in good faith are immune from civil liability and criminal penalty. The reporter cannot be successfully sued for reporting child abuse and neglect to authorities, but in many cases persons who are required to report and refuse to do so can be successfully sued. Most statutes also respect confidentiality of information both for the reporter and about the suspected abuser.

Most statutes include in their definition of child abuse and neglect some form of nonaccidental physical injury, neglect, sexual abuse, and emotional maltreatment (sometimes called emotional neglect or mental injury).

Incidents are to be reported as soon as they are noticed. Waiting for proof may involve grave risk to the child. Proof may be long in coming; witnesses to child abuse and neglect are rare, and the child's testimony may be disbelieved or inadmissible. Reports are made in terms of the child's possible condition not in terms of any accusation against parents. A report of suspected child abuse and neglect states that a child may be an abused child, not that the parents are child abusers. Therefore, proof is not required of the reporter. Proving the case is properly left in the hands of trained investigators.

Statutes vary with respect to when a report must be filed. Reports may have to be made immediately, within 24 or 48 hours, or during some other specified time period. Sometimes more than one report is required, for example a written and an oral report, with each report having its own specified time period.

Each statute specifies one or more agencies as recipients of reports of suspected child abuse and neglect. Usually this agency (or one of the agencies if two or more are specified) is the department of social services, human resources, or public welfare. Other agencies mandated to receive reports may include the police department, health department, county or district attorney's office, or juvenile or district court.

A sample report form follows :

How to Report

The following information must be provided to :

_____
(Name of person/position)

_____
(Telephone number or address)

(If the above is a person within the mental health facility, refer to the Information Key on Where the Report Goes.)

Child's name : _____ Age : _____

Address : _____

_____

Parent's(s') name(s) : _____

Address : _____

_____

Physical indicators observed :_____

_____

_____

Behavioral indicators observed :_____

_____

_____

Other indicators observed : _____

_____

_____

Reporter's name and position : _____

_____

Date of report : _____

Some nations have an official register of reported cases and some encourage reporting through an official phone number. The reporters may or may not identify themselves. Many people are reluctant to report suspected cases because they know the family; they would rather help the family than report it; they are afraid of reprisals from the family; or they do not want to get involved. The mandated reporting is not well received by everyone, particularly by those who believe a family is stigmatized more or less permanently by having the label of child abuse and neglect applied.

5. What are some effective programs of treatment and prevention ?

Both treatment programs and prevention programs are critical to correct and eliminate the problems of child abuse and neglect. More attention tends to be given to treatment programs, largely because the problem is acute and the evidence obvious. However, increasing attention is being given to prevention programs, especially those supporting the family or encouraging self-referral to self help groups and mutual support groups. The programs fall into three major categories :

a. Services and supports for children;
b. Services and supports for parents;
c. Services to families.

a. Services and support programs for children include

i. counseling and therapy
ii. day care/preschool
iii. foster care
iv. group homes
v. residential institutions
vi. adoptions.

Services such as Big Brothers, Big Sisters, and foster grandparents can provide abused and neglected children with a consistent role model, support, and nurturance. These individuals can engage in activities with children and help them become involved in recreational and social programs which reduce isolation and increase the child's social skills.

Big Brothers and Big Sisters are private organizations in the USA made up of volunteers who "adopt" a child and become a friend. They spend a good deal of time with the child, intercede for the child, act as an advocate, are a role model and may be called on for help at any time.

Church and community activities can also be beneficial to some children experiencing abuse and neglect problems. These programs can provide support to the child, help overcome problems of isolation, and broaden the child's range of social contacts. Programs such as these exist in most communities.

b. Services and support programs for parents include :

i. counseling and therapy
ii. marital and family therapy
iii. residential therapy
iv. parent education

c. Services and support programs for families

Since abusive and neglectful families have many problems, more than one type of treatment or service is needed to improve the level of functioning. Some of these services are described as follows :

Community Health Nurses : Community health nurses are an invaluable treatment resource in dealing with the problem of child abuse and neglect. Community nurse services exist in most communities. These nurses are often seen as nonthreatening professionals and can thus gain entrance to homes where no one else is accepted. They can provide inhome care for medical and nonmedical problems.

Homemaker Services : Homemaker services have been used in a variety of ways in treating families experiencing abuse and neglect problems. In some communities, homemakers have moved in temporarily with families experiencing stress, thus providing an alternative to removing the child.

Homemakers are used primarily to help parents with home management and child care. They can be trained to provide parents with understanding and emotional support.

Parent Aides : Parent aides or lay therapists are paraprofessionals who work, sometimes on a voluntary basis, with abusing and neglecting parents. Parent aides become intensely involved with abusive or neglectful parents for a period of 12 to 24 months. Their focus is on providing the parent with warmth, understanding, support and a listening ear. Once a trusting relationship has been established, it can be used as a vehicle for resolving family problems.

Parents Anonymous : Parents Anonymous is an effective self-help organization, also in the USA. It emphasizes peer support and assistance. Parents who have experienced stress and anger that can lead to abuse can attend weekly meetings where they share experiences and feelings in a noncritical, supportive atmosphere. Parents Anonymous also provides these parents with support outside

group meetings. Members exchange first names and telephone numbers and are available to each other during times of stress, regardless of the hour.

Crisis Nurseries : Crisis nurseries offer immediate relief to parents who are temporarily unable to care for their children. Their primary functions are to protect the child and help stabilize the home situation by providing parents with a respite from child care responsibilities. In addition, they can provide therapeutic experiences for the child.

Crisis nurseries operate 24 hours a day and are especially useful to parents who are able to recognize potential crises and who are able to reach out for help.

Employment and Training Programs : Many abusive and neglectful parents, if so motivated, can benefit from employment and training programs. Learning a marketable skill and becoming employed can help improve the parents' self-esteem.

To assure effectiveness of services, it is important to coordinate the services. Through such coordination, the child and the family are able to receive the range, intensity and duration of services critical for correcting and eliminating the problems of child institutional abuse and neglect.

While most programs are for children and their families, there is increasing concern about institutional child abuse and neglect. Children who are in residential care in a variety of institutions may be abused or neglected by the very size of the institution, the kind of other residents or by the staff. Information on institutional abuse has lead to many conferences which offer similar recommendations to end institutional abuse. The recommendations are :

- Halt the construction of all large institutions for children;

- Replace existing large institutions with smaller institutions located near large cities;

- Treat children in their own homes whenever possible;

- Place children in a homelike setting -such as a foster or group home in their community- when they must be removed from home for their own safety;

- Keep mentally retarded children out of institutions;

- Educate parents, neighbors and volunteers about the need for day care, group homes and halfway houses in their communities;

- Limit the size of institutions to 20 beds or less; provide one staff member for every three children;

- Establish standard rights and advocacy programs for all institutionalized children;

- Train institutional staff on their responsibilities in insuring children's rights;

- Allow the children the right to refuse treatment without being punished; require institutionalized children to do only what all children must do, such as attend school;

- Abolish the use of corporal punishment, drugs and isolation as restraints to institutions; use crisis intervention teams instead;

- Establish independent agencies in each institution that would have the power to investigate complaints about abuse and hold public hearings; report complaints about abuse to parents and police;

- Require all people dealing with child care services (including judges) to visit institutions for children; educate all child care personnel in children's rights.

6. Policy needs

In order to treat child abuse and neglect and to prevent its recurrence or, indeed, its appearance, a number of policies are needed :

a. There must be an agreed upon definition of child abuse and neglect.

b. There must be clear guidelines on identification of child abuse and neglect.

c. There must be a procedure for determining the scope and incidence of child abuse and neglect.

d. There must be a system for reporting incidences of suspected child abuse and neglect.

e. There must be guidance for setting up programs for treatment and prevention.

f. There must be guidance for institutions to eliminate institutional abuse and neglect.

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International Children's Centre

CHILD ABUSE AND NEGLECT

A DOCUMENT FOR MASS MEDIA SPECIALISTS

THIS DOCUMENT WAS PREPARED WITHIN THE FRAME OF THE I.C.C., Paris - H/HS, Washington PROJECT ON «DEVELOPMENT OF INFORMATION ON EARLY CHILDHOOD».

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MALTREATMENT OF CHILDREN KNOWS VIRTUALLY NO BARRIERS - CULTURAL, IDEOLOGICAL OR GEOGRAPHICAL. THERE IS NO REASON TO SUPPOSE THAT THE PROBLEM IS A MODERN ONE - AND MAKING ALLOWANCE FOR CULTURAL DIFFERENCES, NO COUNTRY AND NO COMMUNITY IS LIKELY TO ESCAPE : IT HAS BEEN ALREADY REPORTED IN OVER 40 COUNTRIES, BOTH IN-DUSTRIALIZED AND DEVELOPING.

RIGHTS OF THE CHILD

The International Year of the Child was the twentieth anniversary of the United Nations Declaration on the Rights of the Child. Two of the principles covered by that declaration are of particular significance in considering Child Abuse and Child Neglect.

PRINCIPLE 2.

"The child shall enjoy special protection and shall be given opportunities and facilities by law - and by other means to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration".

CHILD ABUSE and CHILD NEGLECT directly contravenes this principle and retards development in all the areas mentioned.

PRINCIPLE 9.

"The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic in any form. The child shall not be admitted to employment before an appropriate minimum age ; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education or interfere with his physical or moral development.

MALTREATMENT

In one or several of its many forms and from different cultural standpoints is a phenomenon which leaves no part of the world untouched.

(I.Y.C. Forum 1979)

CHILD ABUSE AND NEGLECT IS NOT JUST A FAMILY AFFAIR

WHY IS IT IMPORTANT TO DEFINE CHILD ABUSE ?

It is important for each nation, state or community to find a definition for child abuse and neglect so that public policy can be drawn up to deal with the problem as a reasonably clear concept.

Do you know your country's agreed definition ?

Does it have one ?

Do you help publicize it ?

What are the symptoms ?

There are many and varied symptoms of abuse and neglect, both physical and behavioral

1. Physical abuse	unexplained bruises, burns broken bones and cuts, repeated accidents
2. Physical neglect	voluntary food deprivation, poor hygiene, lack of supervision, unjustified unattended problems or medical needs, delayed medical care
3. Sexual abuse	rape, incest, prostitution sometimes revealed by venereal diseases, genital pain or bleeding
4. Emotional maltreatment	speech disorders, lags in physical development, failure to thrive. Common behavioral symptoms such as aggressiveness and withdrawal, anxiety, fear of parents and adults, constant fatigue, poor relationships with other children.

People whose work brings them into contact with children need to know these symptoms. You can help by giving them this information.

WHAT IS THE SCOPE OF THE PROBLEM ?

No one knows the full extent because child abuse and neglect often occur in private.

Here are some estimates from countries where statistics exist.

U.S.A.

Estimates up to 1 million children maltreated by parents every year, include :

100,000 - 200,000 physically abused
60,000 - 100,000 sexually abused

The remainder are neglected.

EACH YEAR 2 000 DIE in circumstances suggestive of abuse or neglect.

(National Centre on Child Abuse)

Great Britain

Estimate : 15,000 serious cases per year
At least : 7,700 cases in 1977 with 300 deaths.

France

6,000 cases of severe abuse each year
1 % death rate.

Some incomplete figures are available in developing countries. In Bolivia, for instance, the estimated figure is 800 for 10,000 children.

WHAT IS THE SCOPE OF THE PROBLEM IN YOUR COUNTRY ?

Do you know the figures ?

Do you publicize them ?

Are the causes known ? The causes are multiple, but there are two major ones :

A. Many stresses on a family reinforce one another. When families are unable to cope with these stresses their reaction is often transferred as aggression to something they can "cope" with and dominate : a child.

Environmental stresses include such common stresses as poverty, unemployment, bad housing, overcrowding, alcoholism, disrupting of the family, mental illness.

B. Parents who were themselves abused or neglected when children will frequently behave in the same way to their children.

Stresses within the family are more frequently converted to abuse and neglect when the parents had similar experiences as children.

Can child abuse and neglect be treated ? Can it be prevented ?

Child abuse and neglect is not a disease to be treated, but a disorder of family life to be managed. The prime consideration must be the safety of the child.

PREVENTION HAS THREE AIMS :

a) TO PROTECT AN ALREADY ABUSED CHILD FROM FURTHER INJURIES OR EVEN DEATH.

This is where most effort has gone in the past.

b) TO SUPPORT A VULNERABLE FAMILY SO THAT ABUSE IS AVOIDED.

This requires detection of families "at risk" and large support systems. It is an area where many self-help groups are forming.

c) TO TRY TO PREVENT THE VULNERABILITY.

The ideal solution, but the hardest of all to put into practice, unless a society puts family health and needs as a first priority, but which society does ?

ARE YOUR AWARE OF THE NEEDS IN YOUR COUNTRY ?

DO YOU KNOW HOW THEY ARE BEING MET ?

ARE YOU HELPING TO PUBLICIZE THEM ?

CHILD ABUSE AND CHILD NEGLECT ARE A MEDIA AFFAIR

because

The entire community is included in identification.

YOUR ROLE To provide them with the knowledge and motivation to act.

Interprofessional cooperation is vital if investigation of reported cases and interventions are to be effective.

YOUR ROLE To publicize effective schemes. This will give encouragement for others to try them out.

Child abuse and child neglect take place against a background of violence in society.

YOUR ROLE To probe and ask questions of the state and the institutions over which it has influence.

START ASKING THEM NOW